

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application: <u>10/685310</u>	Examiner: <u>Kennedy, S</u>	GAU: <u>3762</u>
From: <u>SLC</u>	Location: <u>IDC</u> FMF FDC	Date: <u>7-21-05</u>
Tracking #: <u>06123009</u>		Week Date: <u>7/11/2005</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input checked="" type="checkbox"/> OATH	<u>10-14-2003</u>	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Inventors: Residence address of Chauncey F. Ross (deceased inventor) is incomplete on the declaration. Please provide the city of the deceased inventor, and update the palm/bib data sheet to include the city and state of the deceased inventor.

Thank You,
SLC

[XRUSH] RESPONSE: _____

view document dated 7-1-05 OATH
new bib data sheet provided

INITIALS: RP

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04



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Bib Data Sheet

CONFIRMATION NO. 5040

SERIAL NUMBER 10/685,310	FILING OR 371(c) DATE 10/14/2003 RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 03273-PA-DIV
APPLICANTS Chauncey F. Ross, Cortland, OH, Deceased; Dianne L. Hilderbrand, Cortland, OH, Legal Representative;				
** CONTINUING DATA ***** This application is a DIV of 10/286,707 10/31/2002 PAT 6,702,790				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/16/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 5
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 1
ADDRESS ARMSTRONG, KRATZ, QUINTOS, HANSON & BROOKS, LLP Intellectual Property Law Offices 502 Washington Avenue, Suite 220 Towson, MD 21204				
TITLE HYPODERMIC NEEDLE				
FILING FEE RECEIVED 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	